U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 2/14/9	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Richard A Ponda	Name ILA Local 1969			
	Labor Organization File Number 069-690			
P.O. Box, Bldg., Room No., if any 6031	P.O. Box, Building and Room Number, if any 6031			
Street Melton Road (US Hwy 20)	Street Melton Road (US Hwy 20)			
City Portage	City Portage			
State Indiana ZIP Code + 4 46368	State Indiana ZIP Code + 4 46368			
5. Position in labor organization. Union Member / Trust Fund Trust	ustee			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of ion represents or is actively seeking to represent.			
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
6. Name and address of Employer (including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b, Amount.			
Street	7.5.7 Cloud.			
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	lying documents), has been examined by the signatory and is, to the best of the			
Signed Will Paul	On 08/11/2005 219-764-9715			
War and the second				

Telephone Number

Name of Person Filing Richard Ponda	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name ILA Local 1969 GLDC-ACD, AFL-CIO	
Trade Name, if any: Local 1969	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street Melton Road (US Hwy 20)	c. Employer
City Portage	
State Indiana ZIP Code + 4 46368	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ILA Local 1969 Health & Welfare Trust Fund	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street Melton Road (US Hwy 20)	11.b. Approximate dollar value of such dealing.
City Portage	12.a. Nature of interest held or income received.
State Indiana ZIP Code + 4 46368	Time Loss Reimbursement (see additional page 1 of 2)
	12.b. Amount. \$67.7
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

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Name of Person Filing Richard Ponda	File Number U-			
Part B Continuation Page				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name ILA Local 1969 GLDC-ACD, AFL-CIO Trade Name, if any: Local 1969 P.O. Box, Bldg., Room No., if any 6031 Street Melton Road, (US Hwy 20) City Portage State Indiana ZIP Code + 4 46368	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name ILA Local 1969 Pension Trust Fund				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any 6031				
Street Melton Road, (US Hwy 20)				
City Portage				
State Indiana ZIP Code + 4 46368	11.b. Approximate dollar value of such dealing.			
	12.a. Nature of interest held or income received.			

12.b. Amount.

Expenses incurred while performing Trust Fund Trustee Duties. Reimbursment of expenses (see additional page 2 of 2)

\$3.52

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Name:

Richard A. Ponda

Fiscal Year Covered From:

01/01/2004 Through 12/31/2004

Item Number 12.a. continued:

Time Loss Reimbursement;

02/05/2004	8 hours Lost Time (while attending Trust Meeting)	Amount	155.32
04/28/2004	12.5 hours Lost Time (while attending Trust Meeting in Chicago)		
		Amount	260.04
05/04/2004	12.5 hours Lost Time (while attending Trust Meeting	in Chicago)	
		Amount	261.84
		Total Amount =	677.20

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PAGE 2 OF 2

Name:

Richard A. Ponda

Fiscal Year Covered From:

01/01/2004 Through 12/31/2004

Item Number 12.a. continued:

Reimbursement of Expenses:

02/02/2004	Reimbursement of Office Supplies (paper & print for pictures)) Amount	61.45
04/2/2004	Fuel reimbursement for meeting with Trust Atty. In Chicago	Amount	18.86
	Toll receipts reimbursement for mtg. with Trust Atty. in Chica	ige Amount	1.00
	Parking reimbursement for mtg. with Trust Atty., in Chicago	Amount	13.00
	Per Diem for travel to Chicago for mtg., with Trust Atty.	Amount	50.00
		Total Amount	82.86
06/08/2004	Pick up Trust Documents from Atty., Dennis Johnson in Chicago Fuel Reimbursement,		
		Amount	30.00
	Skyway tolls to Dennis Johnson's Office	Amount	4.00
	Lunch expenses while in Chicago	Amount	23.70
	Per Diem for travel to Chicago	Amount	50.00
	_	Total Amount	107.70

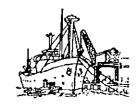
Total Amount for 12.a Reimbursement of Expenses = \$252.01



International Longshoremen's Association, AFL-CIO

Local 1969 Trust Funds





(219) 764-9715 FAX 764-9723



Richard Ponda Trustee



August 11, 2005

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

To Whom It May Concern:

After attending a Seminar, sponsored by the Internationl Foundation of Employee Benefits, on LM-30 and LM-10 held on Wednesday, August 10th 2005, in Chicago, IL, I am submitting a revised LM-30 for the period covering January 1, 2004 through December 31, 2004 whereas to change my personal address to my business address as indicated in the above letter-head. I do not wish my home address to be published as previously filed by myself dated July 19, 2005.

Thank you in advance for your cooperation.

Respectfully.

Richard Ponda, Trustee ILA Local 1969 Trust Funds